

Enrolment Form - Master CXW 2025 October Events

Full Name		Gender		Age		Photo
Nationality		Height (cm)		Weight (kg)		
Home town		Poliitical affiliation (if any)		Health		
Disciple	yes <input type="checkbox"/> no <input type="checkbox"/>		phone number		WeChat number/ID	
Date of arrival (to Zhengzhou)			Date of departure (from Zhengzhou)			
Hotel room type	single bed <input type="checkbox"/> double beds <input type="checkbox"/>		Tour Plan	yes <input type="checkbox"/> no <input type="checkbox"/>		
Events to join	Lao Jia Yi Lu <input type="checkbox"/> Xin Jia Yi Lu <input type="checkbox"/> social activities 4th Oct <input type="checkbox"/>					
ID card / driving license						
Correspondence address						
Personal expertise						
Job profile	Duration (mth yr - mth yr)		Name of organization		Position	
Taijiquan/ martial arts & cipleship						
Notes						